through the inclusion of studies identified in references lists. Of these 27 studies, only one provided a statistical regression model describing a relationship between FACT-G and EQ-5D in individuals with malignant melanoma. While the analyses and data used were described appropriately and satisfied the majority of recommendations in the published checklist, the preference-based utility weights used in this study were not obtained from the UK population. **CONCLUSIONS:** This study confirms there is very little evidence which could be used to generate preference-based utility scores from FACT data. Although one relationship was identified which could be used to estimate proxy preference-based utility scores, it is not ideal for the UK.

PCN113

PATIENT ACCESS TO CANCER CARE EXCELLENCE (PACE) SOUTH KOREA SURVEY

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OBJECTIVES: As part of the Lilly Oncology Patient Access to Cancer care Excellence (PACE) initiative, the 2014 PACE Cancer Perceptions Index survey was conducted to identify general public perceptions of cancer and its treatment in South Korea. **METHODS:** The general public consisted of a nationally representative sample of 500 respondents aged ≥18 years who participated in telephone interviews initiated by random digit dialing from March 25 to April 22, 2014. Responses were evaluated by analysis of frequencies of responses and mean scores. **RESULTS:** Less than half (39%) of the general public expressed satisfaction with progress in cancer treatment, and most (82%) believe it takes too long for new cancer medicines to reach patients. Most (68%) of the general public believe clinical trials offer patients a chance to receive better treatments than those currently available, and the majority (82%) would be willing to participate in a clinical trial if they might receive a life-extending treatment. Most of the general public strongly agreed on the need for coordination of efforts across national borders (96%), and greater collaboration among government, academic institutions, non-profit organizations, and pharmaceutical companies (96%), in the development of new cancer medicines. **CONCLUSIONS:** The general public in South Korea is ambivalent toward overall progress in the fight against cancer, and impatient with the pace of progress. Despite some differences in perceptions in South Korea compared to those previously published for PACE surveys in the United States, France, Germany, Italy, Japan, and the United Kingdom, the general public in South Korea is consistent with the general public in the other six countries in identifying cancer as a health priority, and wanting greater investment in addressing the disease as well as faster availability of new medicines.

PCN114

QUALITATIVE METHODS FOR ASSESSING PATIENT, CAREGIVER, AND PHYSICIAN–REPORTED EXPERIENCES WITH ORAL MEDICATIONS FOR TREATMENT OF METASTATIC CASTRATION-RESISTANT PROSTATE CANCER (MCRPC)

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OBJECTIVES: Studies designed to assess the psychosocial factors affecting patients with mCRPC are sparse. Understanding this area may help patients and their caregivers communicate and make informed treatment decisions with their physicians. We used qualitative research methods to explore patient, caregiver, and physician experiences with oral oncolytic therapy. **METHODS:** Our ecological approach postulates that patient, caregiver, and physician treatment decisions and experiences around mCRPC can result from multiple factors impacting individuals via social, organizational, community, governmental policy, and economic influences. Interview guides were developed and tested using core concepts of the ecological health model, and conducted with three relevant stakeholder groups: 30 patients with mCRPC, 26 caregivers, and an independent sample of 30 physicians (oncologists and urologists) who actively treat mCRPC. Patients and physicians were identified from a national claims database and caregivers were nominated by consented patients. Demographic information was collected on patients. Interviews were approved by an Independent Institutional Review Board. Interview responses were coded into QSR-NVIVO-10 software and analyzed using grounded theory. **RESULTS:** The majority of patients were age ≥70 years and Caucasian. Patients were taking either abiraterone acetate (32%) or enzalutamide (48%). Spouses were the predominant caregiver (89%). Physician specialty was stratified into oncologists (77%) and urologists (23%). Six major themes were identified: relationship with physicians; effects of disruptions to patients' physical and social activities; communication with physicians; access to the medications; role of attitudes in coping with CRPC; and supports and communication. All stakeholders cited financial factors impacting access to treatment. **CONCLUSIONS:** There were different perspectives on the primary concerns around mCRPC, with patients citing loss of social functioning, caregivers fearing that patients would die, and physician citing pain. By improving understanding of these experiences, opportunities exist to improve treatment-related decisions for patients with mCRPC. These findings can also inform future quantitative population-based studies.

PCN115

PATIENT PREFERENCES FOR PALLIATIVE TREATMENT OF LOCALLY ADVANCED OR METASTATIC GASTRIC CANCER AND ADENOCARCINOMA OF THE GASTROOESOPHAGEAL JUNCTION: A CHOICE-BASED CONJOINT ANALYSIS STUDY FROM GERMANY

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OBJECTIVES: Decisions on palliative chemotherapy (CT) for advanced gastric cancer require trade-offs between potential benefits and risks for patients. Healthcare providers and payers agreed that patient preferences should be considered. We conducted a CBC study in patients with mGC or mGEJ-Ca from Germany to evaluate their preferences when trading-off between treatment tolerability, quality of life and survival benefit. **METHODS:** German oncologists were contacted to identify patients with mGC or mGEJ-Ca who had completed ≥2 cycles of palliative CT (ongoing or completed). The primary objective was the quantitative evaluation of patient preferences for palliative CT in this population by CBC analysis. The CBC matrix, developed based on 6 in-depth qualitative interviews, spanned the 3 attributes ability to self-care as a key component for quality of life, treatment toxicity and survival benefit (3-4 factor levels each, 15 iterations). A minimum of 50 participants was needed. Eligible consenting patients completed the 45min standardized CBC-survey, choosing systematically among profiles. CBC models were estimated by mixed-logit regression (MLR) and hierarchical Bayes analysis (HB). Estimates of importance for each attribute and factor-level were calculated. **RESULTS:** Overall, 55 patients participated in the survey (78% male, median age 63yrs, 82% currently receiving CT). Patients considered low treatment toxicity as most important (45% relative importance, MLR analysis), followed by ability to self-care (32%) and an additional survival benefit of up to 3 months (3 months 23%, 2 months 18%, 1 month 11%). The MLR analysis showed high validity (certainty 37.9%, chi square $p<0.01$, root likelihood 0.505). The HB analysis yielded similar results. **CONCLUSIONS:** Patient preferences related to palliative CT of gastric cancer can appropriately be assessed by CBC analysis. Though patients' varied experiences with chemotherapy may have impacted specific responses, across the population of patients with mGC or mGEJ-Ca improved treatment tolerability and quality of life were ranked highest.

PCN116

PARTICIPATION IN CERVICAL CANCER SCREENING AND KNOWLEDGE ON HUMAN PAPILLOMAVIRUS AMONG WOMEN IN VÁC, HUNGARY

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OBJECTIVES: The main objective of our study was to assess the population's participation in cervical smear testing and knowledge on HPV, also learn about women's attitudes about the vaccine. **METHODS:** The quantitative cross-sectional questionnaire survey was performed among women in a Hungarian town, Vác in 2013. 150 questionnaires were distributed, of which 120 proved to be evaluable. The study was performed with χ2-test and t-test as a statistical method besides 95% probability ($p<0.05$). We used SPSS version 20.0 program. **RESULTS:** 85.5% of the respondent women had cervical smear tests. 89.2% of respondent women reported an annual visit for screening. Their average age was 22.01±.5.8SD years when they first attended screening. Women participated in screening were significantly (t=4.89, p<0,001) older (36.56), than those who never took part in (26.62). Five questions in the survey concerned knowledge on HPV. On the basis of these questions only 27.9% of the women had adequate knowledge. The majority of women (80.8%) knew the meaning of the acronym HPV, at the same time only 29.2% of them knew that the infection affected "both men and women". Concerning prevention only women living in marriage or cohabitation (χ2=20.00, p=0.001) were significantly better informed on the issue than single mothers. 85% of the respondent women heard about the vaccination against HPV. Only 10 women of the respondents had HPV vaccination, and significantly more women over 34 years of age would require vaccination for themselves (χ2=9.010, p=0.011) and their daughters (χ2=7.415, p=0.006) than their younger counterparts. **CONCLUSIONS:** Women reported an extremely high participation rate in cervical cancer screening, however the overall awareness of human papillomavirus in the respondents is superficial (27.9%), therefore, their willingness for vaccination is not adequate. In the future, a wide range of information should be provided for them to enhance their awareness.

PCN117

INCLUSION OF PATIENT-REPORTED OUTCOME MEASURES IN REGISTERED CLINICAL TRIALS: EVIDENCE FROM CLINICALTRIALS.GOV (2007-2013)

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OBJECTIVES: Patient reported outcomes (PROs) have gained a prominent place in clinical research. Previous estimates suggest that PRO measures are used in 14% of clinical trials. Online registries, such as ClinicalTrials.gov, may be useful for updating the extent of PRO use. The objectives of this study were to: (1) estimate the proportion of clinical trials that include at least one PRO measure, and (2) examine associations between trial characteristics and the use of PRO measures. Particular emphasis was given to evaluation of use in oncology studies. **METHODS:** A local copy of the ClinicalTrials.gov database was made containing all data from November 2007 to December 2013. Content was searched for use of PRO measures. Multivariate logistic regression was used to investigate possible associations between trial-level characteristics and use of PRO measures. **RESULTS:** Of 96,736 registered trials, 25,880 (27%) were identified as using one or more PRO measure. Among oncology trials, 29% (3,947/13,584) were identified as using a PRO measure, compared to 26% (21,933/83,152) of non-oncology trials. Trials using PRO measures were more likely to be sponsored by university/research organizations (29%) or the US government (33%); Phase III (35%); randomized (32%); and evaluating devices (30%), procedures (32%) or behaviors (50%), compared to drugs (24%). They were less likely to be regulated by the FDA (23%). **CONCLUSIONS:** Between 2007 and 2013, there was an increase in the number of trials using a PRO measure, particularly in oncology trials. The increased use may be attributed, in part, to the changing landscape of patient-centered care and stakeholder engagement in general. With recent initiatives such as the Patient-Focused Drug Development and the NIH-sponsored Patient-Reported Outcomes Measurement Information System, the use of PRO measures in clinical research will likely increase further.